

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

PERMIT APPLICATION FOR A MOBILE WASTE TIRE PROCESSOR

This form is to be used by persons engaged in processing waste tires at other than a fixed site.

A.	APPLICANT INFORMATION:					
	Company Name:					
	Street Address:					
	(City)		(State)	(Zip)		
	Mailing Address:					
	(City)		(State)	(Zip)		
	Contact Person:	Title: _				
	Phone: () Fax: ()	_E-Mail				
B.	ACTIVITY: Check all activities in which this company is engaged in Kansas.					
	Waste tire transporter					
	Waste tire collection center					
	Waste tire processing facility					
	Mobile waste tire processor					
C.	Estimated number of tires to be processed:					
	Daily					
	Monthly					
	Yearly					

If yes, where				
Percent being graded% Reuse% Recapped% Scrap%				
Describe the area you wish to serve	e.			
Cities	Counties			
Do you intend to service accounts located in another state?				
[] Yes [] No If yes, list below:				
State	Permit Number (if			
State	required in that state)			

	<u>Name</u>	<u>City</u>	Permit #		
					
					
	If this site is located in a state other than Kansas does the site have a tire processing, storage, or disposal permit from that state?				
	[]Yes[]No	If no explain:			
:]	r attachments				
	Permit fee made out to KDHE:				
	Mobile Waste	Tire Processor	\$250 (permit)		
	Description of all equipment used in the mobile waste tire processing operation				
	Disclosure Sta	tement			
	Proof of financial assurance.				
	I certify that all the information provided in this permit application is true and correct to the best of my knowledge. I will abide by the rules of the Kansas Department of Health and Environment.				
	Signature:		Date:		

Mobile Waste Tire Processor Permit Application Checklist

	This completed permit application form. A \$250 non-refundable application fee. A financial assurance instrument issued in favor of the department in the amount of \$1,000. This document must include notification to the department of at least 30 days before cancellation. A complete list and description of all equipment used in the mobile waste tire processing
	operation.
INST	RUCTION FOR COMPLETING THE APPLICATION
	cation shall be on the form provided by the Department. Data submitted in support of an ation shall consist of the following:
	<u>APPLICANT</u>
(A)	Please give the legal name; street and mailing address; phone number and listing of contact person of the individual, partnership, corporation, that is applying for the permit.
(B)	Please check all the waste tire activities in which you will be involved.
(C)	Please provide your estimated number of tires processed on a daily, monthly, or annual basis.
(D)	Please describe your operation. Will you do any grading or sorting of tires?
(E)	Describe the area you wish to serve.
(F)	Please list accounts you expect to serve in another state.
(G)	Please list the name and permit number for all locations that you will transport processed waste tires to.
(H)	If this site is located in a state other than Kansas explain whether the site has a tire processing storage or disposal permit from that state.
(I)	Permit application fee made out to KDHE.
(J)	Description of all equipment used in the mobile waste tire processing operation.
(K)	A disclosure statement is required. Public entities should complete the "Public Entity Disclosure Statement" and private companies should complete the "Business Concerns

(L) A financial assurance instrument issued in favor of the department, in amount acceptable to the department in compliance with K.A.R. 28-29-30(c)(6).

Disclosure Statement Form II". K.S.A. 65-3407(c)